



# Family Therapy Institute of Santa Barbara

## KETAMINE ASSISTED PSYCHOTHERAPY

### INFORMED CONSENT AND RELEASE OF LIABILITY FORM

By signing this form I agree that:

1. My decision to take ketamine is completely voluntary and not made under duress or made by my therapist.
2. My therapist has made no representations or guarantees as to the effectiveness of ketamine.
3. I have obtained the ketamine lozenges from a prescribing physician in order to self-administer. My therapist did not obtain the ketamine for me and is not administering it to me.
4. I am choosing to use my therapist as a facilitator and guide as I self-administer.
5. I understand ketamine sessions can result in a profound change in mental state and may result in unusual psychological and physiological effects.
6. I understand that I am to have no food or drink at least 3 hours prior to my ketamine session.
7. I agree to remain at the location of the session until such time as it is determined it will be safe for me to leave.
8. I understand that I need to have someone drive me home from the sessions and I agree not to drive myself after any ketamine sessions.
9. In no event will The Family Institute of Santa Barbara, a California corporation, its staff, employees, therapists, or agents (collectively, "FTI") be liable in any way for any personal injury, death, property loss or damage sustained by or through you in connection with the above-listed activities and/or your ketamine session. By your signature below, you agree to hold harmless, indemnify, waive, release, and discharge FTI from any and all liability, claims, demands, actions, and causes of actions whatsoever for any and all costs, loss, claim, damage, injury, illness, fees or harm arising out of your voluntary decision to participate in the above-listed activities and ketamine session.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_